## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
New Prosperity Foundation; The	C C00488494	
	C 000466494	
Check If 24-hour report 48-hour report New report Amends report f	filed on M M / D D / Y Y Y Y Y Y	
Full Name (Last, First, Middle Initial) of Payee	Date	
XPS Professional Services	M M / D D / Y Y Y Y	
Mailing Address 220 E Adams St	31 2012	
Suite 200	Amount	
City State Zip Code		
Springfield IL 62701	16000.00	
Purpose of Expenditure Category/	Transaction ID : SE.4992   Office Sought:	
Voter Telephone Contact  Category/ Type	Senate District: 12	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
	Check One: Support Oppose	
232038 62 20	Disbursement For: Primary General	
for Office Sought	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
XPS Professional Services	M M / D D / Y Y Y Y	
Mailing Address 220 E Adams St	10 31 2012	
Suite 200	Amount	
City State Zip Code	16000.00	
Springfield IL 62701	Transaction ID : SE.4993	
	Office Sought: House State: IL	
Voter Telephone Contact Type	Senate District: 17	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
ROBERT T. SCHILLING	Check One: Support Oppose	
Calendar Year-To-Date Per Election	Disbursement For: Primary X General	
	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	32000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Gregory Baise		
[Electronically Filed] Date	11 01 2012	
Signature		

## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
New Prosperity Foundation; The	C C00488494	
	0 000400434	
Check If $X$ 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee		
XPS Professional Services	M M / D D / Y Y Y Y	
Mailing Address 220 E Adams St	10 31 2012	
	nount	
City State Zip Code	10000.00	
Springfield IL 62701	16000.00 nsaction ID : SE.4994	
Purpose of Expenditure Cotogon/ Office Sc		
Voter Telephone Contact Type	Senate District: 11	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
JUDY BIGGERT Check O	One: Support Oppose	
• Calendar Year-10-Dale Per Flection	ment For: Primary 🔀 General	
for Office Sought 244530.92 2012	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	ate	
XPS Professional Services	M M / D D / Y Y Y Y	
Mailing Address 220 E Adams St	10 31 2012	
	nount	
City State Zip Code	14126.00	
Springfield IL 62701 Tra	nsaction ID : SE.4995	
Purpose of Expenditure Voter Telephone Contact  Category/ Type		
Type	Senate District: 10 President	
Name of Federal Candidate Supported or Opposed by Expenditure:  Check O		
ROBERT JAMES MR. DOLD JR.	Support Oppose	
Caleridal Teal-To-Date Fel Election 103268 16 2012	ment For: Primary General	
for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	30126.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(a) TOTAL Independent Expanditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Gregory Baise	/ D D / Y Y Y Y	
[Electronically Filed] Date 11	01 2012	
Signature		

## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
New Prosperity Foundation; The	C C00488494	
Check If 24-hour report 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee		
XPS Professional Services	Date  10 31 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
Mailing Address 220 E Adams St	Amount	
Suite 200 City State Zip Code	Athount	
Springfield IL 62701	15000.00 ransaction ID : SE.4996	
	Sought: House State: IL Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:  JOE WALSH  Check	President One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 278646.60 Disbur 2012	Sement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) of Payee XPS Professional Services	Date 10 31 7 2012	
Mailing Address 220 E Adams St	10 31 2012	
Suite 200	Amount	
City State Zip Code Springfield IL 62701	16000.00	
	Sought: House State: IL Senate District: 13	
Name of Federal Candidate Supported or Opposed by Expenditure:  RODNEY DAVIS  Check	President One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought Disbur 2012	rsement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	31000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	93126.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Gregory Baise [Electronically Filed] Date 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		